SEHP

Student Employee Health Plan

For Graduate Student Employees and their enrolled dependents, COBRA enrollees with SEHP benefits and Young Adult Option enrollees

Summary of Benefits

Call toll free 1-877-7-NYSHIP (1-877-769-7447)

For preauthorization of services or if you have questions about eligibility, providers or claims, call the Plan toll free and choose the program you need. See page 19 for addresses and teletypewriter (TTY) numbers.

This guide briefly describes the principal New York State Health Insurance Program (NYSHIP) SEHP benefits. It is not a complete description and is subject to change.

If you have questions about eligibility, enrollment procedures or the cost of health insurance, contact the Health Benefits Administrator (HBA) on your SUNY campus.

CUNY SEHP enrollees with questions may contact their Health Benefits Administrator (HBA) at the CUNY University Benefits Office.

New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239
https://www.cs.ny.gov

NYSHIP
New York State Health Insurance Program

January 1, 2013

Benefit Summary

The NYSHIP Student Employee Health Plan (SEHP) is a health insurance plan for SUNY and CUNY graduate and teaching assistant employees and their families. The Plan provides medical, hospital, mental health and substance abuse, prescription drug, dental and vision care benefits.

what's new

- **Annual Benefit Maximum** increases from $1,250,000 to $2,000,000 and applies to all services combined, including network and non-network Hospital, Medical, Mental Health and Substance Abuse and Prescription Drug Programs.
- **Autism Coverage** – New York State law requiring insurers to cover screening, diagnosis and treatment of autism spectrum disorder is effective January 1, 2013. Applied Behavioral Analysis (ABA) services will be subject to a statutory $45,000 annual cap. For more information call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Mental Health and Substance Abuse Program.
- **2013 Empire Plan Flexible Formulary List** – An updated list issued annually of the most commonly prescribed generic and brand-name drugs included in the 2013 Empire Plan Flexible Formulary and includes newly excluded drugs with 2013 Empire Plan Flexible Formulary alternatives.

Please see *Contact Information* on page 19 for NYSHIP addresses, teletypewriter (TTY) numbers and other important information.

quick reference

The NYSHIP Student Employee Health Plan is a health insurance plan for CUNY and SUNY graduate and teaching assistant employees and their families. The Plan has six main parts:

1. Hospital Program

insured and administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital or birthing center and for hospice care. Also provides inpatient Benefits Management Program services for preadmission certification of scheduled hospital admissions or within 48 hours after an emergency or urgent admission.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

2. Medical/Surgical Program

insured and administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the network and non-network programs. Coverage for chiropractic care and physical therapy is provided through the Managed Physical Medicine Program. Home care services provided in lieu of hospitalization and diabetic supplies provided by the Home Care Advocacy Program (HCAP). Benefits Management Program services for Prospective Procedure Review for MRI, MRA, CT, PET scan and Nuclear Medicine tests.

3. Mental Health and Substance Abuse Program

insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

4. Prescription Drug Program

insured and administered by UnitedHealthcare

Provides coverage for prescription drugs dispensed through Empire Plan participating pharmacies, the mail service pharmacy and non-participating pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Express Scripts/Medco Health Solutions, Inc. (ESI/Medco) for services including the pharmacy network and mail pharmacy services.

5. Dental Care Plan

administered by EmblemHealth 1-800-947-0101

Provides coverage for dental examinations, cleaning and bitewing X-rays. Also provides discounts on other services.

6. Vision Care Plan

administered by Davis Vision 1-888-588-4823

Provides coverage for routine eye examinations, eyeglasses or contact lenses.

2013 Network Copayments at a Glance

Medical/Surgical Program

Participating Provider Program*

$10 copayment - office visit, office surgery, urgent care visit, contraceptive drugs and devices (injections, insertions or other physician intervention provided during visit subject to additional copayment), infertility treatment visit, allergy testing, mammography, cervical cytology screening

$10 copayment - diagnostic laboratory tests and radiology (not performed during an office visit)

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

$10 copayment - office visit, up to 15 chiropractic visits per person per calendar year; up to 60 physical therapy visits per diagnosis

$10 copayment - diagnostic laboratory tests or radiology

***Note:** Some medically necessary services are paid-in-full; others are subject to copayment and/or a 15-visit per person per calendar year limit. For visits 16 and beyond, non-network benefits apply.

Hospital Program

$15 copayment - surgery, diagnostic radiology, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia in the hospital outpatient department of a network hospital or an extension clinic (including outpatient surgical locations)

$25 copayment - emergency room care

$200 copayment - per admission for covered inpatient hospital stays

$10 copayment - per visit for medically necessary physical therapy (following related hospitalization or surgery); up to 60 visits

Mental Health and Substance Abuse Program

$10 copayment - office visit to network practitioner**

$25 copayment - emergency room care

$200 copayment - per admission for a covered inpatient mental health or substance abuse detoxification stay

$200 copayment + 20% coinsurance - per admission for network inpatient care in a residential treatment center, group home or halfway house (covered for up to 30 days per person per year)

****Note:** Office visits to a network practitioner are subject to a 15-visit annual limit per covered individual. For visits 16 and beyond, non-network coverage applies.

Prescription Drug Program***

Up to a 30-day supply from a participating retail pharmacy, mail service or designated specialty pharmacy:

$5 copayment - Level 1 or generic drug

$15 copayment - Level 2 or preferred brand-name drug

$40 copayment - Level 3 or non-preferred brand-name drug

31 to 90-day supply through the mail service or designated specialty pharmacy:

$5 copayment - Level 1 or generic drug

$20 copayment - Level 2 or preferred brand-name drug

$65 copayment - Level 3 or non-preferred brand-name drug

***Note**: Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

Dental Care

$20 copayment - participating provider visit

$10 copayment - filling

Vision Care

$10 copayment - routine eye exam

Annual Benefit Maximum

For all services combined, including network and non-network hospital, medical, mental health and substance abuse, and prescription drugs, there is one annual benefit maximum of $2,000,000 per covered individual.

Benefits Management Program

YOU MUST CALL for preadmission certification

If NYSHIP SEHP coverage is primary for you or your covered dependents:

You must call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission
- Before a maternity hospital admission
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission

If you do not call, or if the Hospital Program does not certify the hospitalization, the Plan pays up to 50 percent of the allowable amount after your $200 copayment. If the Hospital Program does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

YOU MUST CALL for Prospective Procedure Review - MRI, MRA, CT, PET scan or Nuclear Medicine Tests

If NYSHIP SEHP coverage is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for prior authorization before having a scheduled (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test, unless you are having the test or procedure as an inpatient in a hospital. If you do not call, you will pay a larger part of the cost. If the test is determined not to be medically necessary, you will be responsible for the entire cost.

Hospital Program

The Hospital Program pays for covered services provided in an inpatient or outpatient hospital setting or hospice organization. The covered services are the same for network and non-network hospitals, however network and non-network benefits differ, as described below. "Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carrier, whichever is lower. The Medical/Surgical Program provides benefits for certain medical and surgical care provided in a hospital setting when it is not covered by the Hospital Program. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program if you have questions about your hospital benefits, coverage or an Explanation of Benefits (EOB) Statement. **Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.**

Hospital Inpatient • *Semi-private room or Birthing Center*

YOU MUST CALL *for preadmission certification*

Network Coverage

Copayment: $200 per person per admission; new copayment required if hospitalization occurs more than 90 days after previous discharge for the same illness or injury.

Coverage Level: The Plan pays 100 percent of allowable amount after you pay the copayment.

Unlimited days for covered medical or surgical care in a hospital, including inpatient detoxification.

Maternity Care: First 48 hours of hospitalization for mother and newborn after any delivery other than a cesarean section or first 96 hours following a cesarean section are presumed medically necessary and covered at the same copayment and coverage level as other inpatient admissions. If you choose early discharge following delivery, you may request one paid-in-full home care visit.

Non-network Coverage

Copayment: $200 per person per admission; new copayment required if hospitalization occurs more than 90 days after previous discharge for the same illness or injury.

Coverage Level: The Plan pays 80 percent of allowable amount after you pay the copayment. You are responsible for the balance.

Unlimited days for covered medical or surgical care in a hospital, including inpatient detoxification.

Maternity Care: First 48 hours of hospitalization for mother and newborn after any delivery other than a cesarean section or first 96 hours following a cesarean section are presumed medically necessary. The Plan pays 80 percent of the allowable amount after you pay the copayment. You are responsible for the balance.

Hospital Outpatient

Network Coverage

Surgery, diagnostic radiology, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia in the hospital outpatient department of a network hospital (or an extension clinic, including outpatient surgical locations) or visits to a hospital outpatient Urgent Care facility are subject to one copayment of $15 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department.

Paid-in-full benefits for chemotherapy, radiation therapy or dialysis and for preadmission testing and/or presurgical testing prior to an inpatient admission.

You must have prior authorization for an MRI, MRA, CT, PET scan or a Nuclear Medicine test (see page 3).

$10 copayment per visit for up to 60 visits for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery.

Medically necessary physical therapy is covered under the Managed Physical Medicine Program when not covered under the Hospital Program. (See Medical/Surgical Program.)

Non-network Coverage

Annual Deductible: The combined annual deductible is $100 per covered individual.

Coinsurance: The Plan pays 80 percent of allowable amount after you meet the combined $100 deductible.

Same as network coverage.

Non-network physical therapy is subject to the combined annual deductible of $100 per covered individual.

Emergency Care

Network Coverage

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services are subject to one copayment of $25 per visit. If you are admitted as an inpatient directly from the outpatient department or Emergency Room, the inpatient copayment applies (see page 4).

Emergency is defined as the sudden onset of symptoms of sufficient severity, including severe pain, that a prudent layperson could reasonably expect the absence of immediate care to put the person's life in jeopardy or cause serious impairment of bodily functions.

Non-network Coverage

Network coverage applies.

Infertility

Network Coverage

The following services provided in the inpatient or outpatient departments of a hospital are covered: artificial/intra-uterine insemination, inpatient and/or outpatient surgical or medical procedures, performed in the hospital, which would correct malfunction, disease or dysfunction resulting in infertility and associated diagnostic tests and procedures including but not limited to those described in New York State Insurance Law as set forth in Chapter 82 of the Laws of 2002.

Non-network Coverage

Outpatient Infertility Treatment: The Plan pays 80 percent of the allowable amount after you pay the $100 combined annual deductible.

Inpatient Infertility Treatment: The Plan pays 80 percent of the allowable amount after you pay the $200 copayment.

Hospice Care

Network Coverage

Paid-in-full benefit for up to 210 days when provided by an approved hospice program.

Non-network Coverage

The Plan pays up to 100 percent of allowable amount for up to 210 days.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services by physicians and other covered providers under either network or non-network coverage. Some medically necessary services are paid-in-full; others are subject to copayment and a 15-visit per person annual limit. **Note:** Any visit you make to your SUNY Campus Student Health Center (which is not a network provider), does not count toward the 15-visit per person limit. (This does not apply to CUNY SEHP enrollees). Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your coverage. **Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time.**

Network Coverage

Some covered services received from a network provider are paid-in-full and others are subject to a copayment as described below.

The Plan does not guarantee that network providers are available in all specialties or geographic locations.

To learn whether a provider participates, check with the provider directly, call the Plan and choose the Medical Program or visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Non-network Coverage

Annual Deductible: The combined annual deductible is $100 per covered individual.

Coinsurance: The Plan pays 80 percent of allowable amount for covered services after you meet the combined $100 deductible.

"Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carrier, whichever is lower.

Inpatient in a Hospital or Birthing Center

Network Coverage

Covered services received from a network provider while you are an inpatient are paid-in-full and do not count toward the 15-visit per person limit.

Paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, radiology, anesthesiology and pathology.

Non-network Coverage

For covered services by a non-network provider, the Plan pays 80 percent of the allowable amount for covered services after you meet the combined $100 deductible.

Network coverage applies.

Outpatient Department of a Hospital

Network Coverage

Paid-in-full benefits for covered outpatient services provided in the outpatient department of a hospital by a network provider.

For medical emergency: paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services when these services are not covered by the Hospital Program. Services of other participating physicians are also paid-in-full.

Paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, chemotherapy, anesthesiology, radiology, pathology or dialysis when not covered by Empire BlueCross BlueShield; does not count toward 15-visit per person limit.

Non-network Coverage

For covered services by a non-network provider, the Plan pays 80 percent of the allowable amount for covered services after you meet the combined $100 deductible.

For medical emergency: paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services when these services are not covered under the Hospital Program. Services of other physicians who are non-network are subject to the deductible but not coinsurance. Charges above the allowable amount are not covered.

The Plan pays up to 100 percent of allowable amount.

Doctor's Office Visit, Office Surgery; Laboratory and Radiology

Network Coverage

You have network coverage for up to 15 visits per person per calendar year to a network provider, subject to a $10 copayment per visit. The copayment includes diagnostic laboratory tests and radiology done during the office visit.

Office-based surgery visits are subject to a $10 copayment and the 15-visit per person annual limit for network benefits.

Prenatal and postnatal office visits that are not included in the delivery charge are subject to a $10 copayment but are not subject to the 15-visit per person annual limit for network benefits.

Diagnostic laboratory tests and radiology not performed during an office visit, including interpretation of mammograms and analysis of cervical cytology screening, are covered subject to a separate $10 copayment, but do not count toward the 15-visit per person annual limit for network benefits.

Visits to a non-hospital Urgent Care Center are subject to a $10 copayment, but do not count toward the 15-visit per person annual limit for network benefits.

The following types of office visits and services are paid-in-full and do not count toward the 15-visit per person annual limit: dialysis, chemotherapy and radiation therapy, well-child care and prenatal and postnatal office visits included in your provider's delivery charge.

You must have prior authorization for an MRI, MRA, CT, PET scan or a Nuclear Medicine test (see page 3).

Contraceptive Drugs and Devices: $10 copayment for required injections, insertion or other physician intervention provided during an office visit. (This copayment is in addition to your $10 copayment for the office visit.)

Infertility Treatment: $10 copayment for covered services such as artificial/intrauterine insemination (see Infertility on page 5) provided during an office visit.

Second Surgical Opinion: $10 copayment for one out-of-hospital specialist consultation in each specialty field per condition per calendar year; subject to the 15-visit per person annual limit. One paid-in-full in-hospital consultation in each field per confinement.

Second Opinion for Cancer Diagnosis: $10 copayment for a second medical opinion by an appropriate specialist in the event of a positive or negative diagnosis of cancer or recurrence of cancer or a recommended course of treatment for cancer.

Non-network Coverage

The Plan pays 80 percent of the allowable amount after you meet the combined $100 deductible for covered services received from non-network providers or after the 15th visit to a network provider (for those services that are subject to the limit).

Contraceptive Drugs and Devices: Covered drugs and devices are the same as under network coverage. The Plan pays 80 percent of the allowable amount after you meet the combined $100 deductible.

Infertility Treatment: The Plan pays 80 percent of the allowable amount after you meet the combined $100 deductible (covered services only, see page 5).

Second Surgical Opinion: Same limits apply as under network coverage. The Plan pays 80 percent of the allowable amount after you meet the combined $100 deductible.

Second Opinion for Cancer Diagnosis: Covered services are the same as under network coverage. The Plan pays 80 percent of the allowable amount after you meet the combined $100 deductible.

Routine Health Exams

Network Coverage
Non-network coverage applies.

Non-Network Coverage
Routine physicals are covered once every two years for the active employee under age 40, or annually for the active employee over age 40. The Plan pays 80 percent of the allowable amount for covered services. There is no coverage for routine health exams for a spouse or domestic partner. This benefit is not subject to copayment, deductible or the 15-visit per person annual limit.

Allergy Care

Network Coverage
Office visits are covered subject to a $10 copayment and the 15-visit per person annual limit for network benefits. No separate copayment for basic skin tests done during an office visit. Tests provided on different date or different location require a separate $10 copayment, but do not count toward the 15-visit per person limit. Allergy injections and extracts are not covered; see *Exclusions,* page 17.

Non-Network Coverage
Not covered

Routine Well-Child Care

Network Coverage
Paid-in-full benefit for children up to age 19 including examinations and immunizations administered pursuant to pediatric guidelines. Well-child care visits do not count toward the 15-visit per person annual limit for network benefits.

Non-Network Coverage
The Plan pays 100 percent of allowable amount. This benefit is not subject to deductible or coinsurance.

Mammograms and Cervical Cytology Screening

Network Coverage
$10 copayment for mammography received from a network provider following recommended guidelines; $10 copayment for cervical cytology screening. (Also see Hospital Outpatient, page 4.)

Non-Network Coverage
The Plan pays 80 percent of allowable amount after you meet the combined $100 deductible.

Pregnancy Termination

Network Coverage
Paid-in-full benefit; does not count toward 15-visit per person annual limit for network benefits.

Non-Network Coverage
The Plan pays 80 percent of allowable amount after you meet the combined $100 deductible.

Ambulatory Surgical Center

Network Coverage
$10 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a network surgical center.

Non-Network Coverage
The Plan pays 80 percent of allowable amount after you meet the combined $100 deductible.

Ambulance Service

Network Coverage
The Plan pays for local commercial ambulance charges for emergency transportation, subject to a $15 copayment.

Non-Network Coverage
Network coverage applies.

Emergency Ambulance Transportation is covered when the service is provided by a licensed ambulance service to the nearest hospital where emergency care can be performed and ambulance transportation is required because of an emergency condition.

Enteral Formulas; Modified Solid Food Products

Network Coverage

Non-network coverage applies.

Non-Network Coverage

For prescribed enteral formulas, the Plan pays up to 80 percent of allowable amount after you meet the combined annual deductible. For certain prescribed modified solid food products, the Plan pays up to 80 percent of allowable amount after you meet the combined annual deductible, up to a total maximum reimbursement of $2,500 per covered person per calendar year.

Managed Physical Medicine Program administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage *(when you use MPN)*

You pay a $10 copayment for each office visit to an MPN provider. You pay an additional $10 copayment for related radiology and diagnostic laboratory services billed by the MPN provider.

Chiropractic Treatment: Up to 15 visits per person per calendar year.

Physical Therapy: Up to 60 visits per diagnosis, if determined by MPN to be medically necessary.

Access to network benefits is guaranteed for chiropractic treatment and physical therapy. If there is no network provider in your area, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program.

Non-network Coverage *(when you don't use MPN)*

Annual Deductible: Subject to $100 deductible per covered individual. This deductible is separate from other plan deductibles.

Coinsurance: The Plan pays up to 80 percent of allowable amount after you meet the annual deductible. Non-network benefits apply for covered services received from non-network providers, or after the 15th chiropractic visit per year, or after the 60th physical therapy visit per diagnosis, by a network provider.

"Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carrier, whichever is lower.

Program requirements apply even if Medicare or another health insurance plan is primary.

Home Care Advocacy Program *(HCAP)*

Diabetic Equipment/Supplies, Home Care Services and Durable Medical Equipment and Supplies provided in Lieu of Hospitalization

for prior authorization

Network Coverage *(when you use HCAP)*

Diabetic equipment and supplies, including insulin pumps and Medijectors are paid-in-full. To receive diabetic equipment and supplies, (except insulin pumps and Medijectors) call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**. For insulin pumps and Medijectors you must use a network provider. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program then HCAP for prior authorization.

Home care services provided in lieu of hospitalization are paid-in-full for 365 visits. To receive this benefit, you must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program then HCAP for prior authorization.

Non-network Coverage *(when you don't use HCAP)*

Diabetic equipment and supplies are covered up to 100 percent of the allowable amount; not subject to deductible or coinsurance.

"Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carrier, whichever is lower.

Home care services are not covered unless precertified. If precertified, the Plan pays 80 percent of allowable amount after you meet the combined annual deductible.

Network Coverage *(when you use HCAP),* continued.

Durable medical equipment and supplies (other than diabetic equipment or supplies) is covered in lieu of hospitalization when precertified. To receive this benefit, you must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program then HCAP for prior authorization.

Important: If Medicare is your primary coverage, and you do not use a Medicare contracted provider, your benefits will be further reduced.

Non-network Coverage *(when you don't use HCAP),* continued

Not covered

Program requirements apply even if Medicare or another health insurance plan is primary.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. If you need assistance locating a Medicare contract supplier, contact HCAP toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then HCAP.

Mental Health and Substance Abuse Program

to ensure the highest level of benefits

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Mental Health and Substance Abuse Program before seeking any treatment for mental health or substance abuse, including alcoholism. **The Mental Health and Substance Abuse Program's Clinical Referral Line is available 24 hours a day, every day of the year.** By following the Program requirements for network coverage, you will receive the highest level of benefits. Access to network benefits is guaranteed.

In an emergency, the Mental Health and Substance Abuse Program will either arrange for an appropriate provider to call you back (usually within 30 minutes) or direct you to an appropriate facility for treatment. In a life-threatening situation, go to the emergency room. If you are admitted as an inpatient, you or someone acting on your behalf should call the Mental Health and Substance Abuse Program within 48 hours or as soon as reasonably possible after an emergency mental health or substance abuse hospitalization.

Program requirements apply even if Medicare or another health insurance plan is primary.

Only treatment determined medically necessary by OptumHealth is covered.

If you are in treatment for mental health or alcohol/substance abuse at the time your NYSHIP SEHP coverage begins, please contact OptumHealth for help in making the transition to your NYSHIP SEHP coverage.

Inpatient Facilities

Network Coverage

Mental Health: Inpatient and partial hospitalization, intensive outpatient and day treatment programs, 23 hour extended and 72 hour crisis beds are covered for mental health care in an approved general acute or psychiatric hospital or clinic. The Plan pays up to 100 percent of the network allowance after you pay the $200 copayment. New copayment is required if admission occurs more than 90 days after the previous admission.

Non-network Coverage

Mental Health: Inpatient and partial hospitalization, intensive outpatient and day treatment programs, 23 hour extended and 72 hour crisis beds are covered for mental health care in an approved general acute or psychiatric hospital or clinic. The Plan pays 80 percent of the allowable amount after you pay the $200 copayment. New copayment required if admission occurs more than 90 days after the previous admission.

Network Coverage, continued

Inpatient care in an approved residential treatment center, group home or halfway house is covered for up to 30 days per person per year for mental health care. The Plan pays 80 percent of the network allowance after you pay the $200 copayment. New copayment required if admission occurs more than 90 days after the previous admission.

Substance Abuse: Inpatient care for medically necessary detoxification admissions is covered. The Plan pays 100 percent of the network allowance after you pay the $200 copayment. New copayment is required if admission occurs more than 90 days after the previous admission.

Non-network Coverage, continued

No coverage for inpatient care in a residential treatment center, group home or halfway house.

"Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carrier, whichever is lower.

Substance Abuse: Medically necessary inpatient detoxification admissions in an approved facility are covered. The Plan pays 80 percent of the allowable amount after you pay the $200 copayment. New copayment required if hospitalization occurs more than 90 days after the previous admission.

Hospital Emergency Room

Network Coverage

You pay a $25 copayment. If you are admitted as an inpatient directly from the outpatient department or Emergency Room, the inpatient copayment applies (see page 10).

Non-network Coverage

Network coverage applies.

Practitioner Visits

Network Coverage

Office visits to a network practitioner for mental health and/or substance abuse care are subject to a $10 copayment and the 15-visit per person annual limit for network benefits. For visit 16 and beyond, non-network coverage applies.

Non-network Coverage

Non-network benefits apply for covered services received from non-network practitioners or after the 15th visit to a network practitioner. Services are subject to the $100 combined annual deductible per covered individual. The Plan pays 80 percent of the allowable amount for covered services after you pay the deductible.

Psychological Testing and Neuropsychological Testing: Psychological network or non-network testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore; precertification by OptumHealth is required before testing or evaluation begins.

Neuropsychological network or non-network testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is required before testing or evaluation begins.

Note: Neuropsychological testing with a medical diagnosis is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is required before testing or evaluation begins.

Applied Behavioral Analysis services: Covered in accordance with New York State law, subject to $45,000 annual cap for network and non-network services combined.

Prescription Drug Program

Copayments

You have the following copayments for drugs purchased from a participating pharmacy or through the mail service pharmacy.

Up to a 30-day supply from a Participating Pharmacy, Mail Service Pharmacy or designated Specialty Pharmacy

Level 1 or
Generic Drug.....$5

Level 2 or
Preferred Brand-name Drug.....$15

Level 3 or
Non-preferred Brand-name Drug.....$40

31- to 90-day supply through the Mail Service Pharmacy or designated Specialty Pharmacy

Level 1 or
Generic Drug.....$5

Level 2 or
Preferred Brand-name Drug.....$20

Level 3 or
Non-preferred Brand-name Drug.....$65

Note: Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the drug. Certain drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol, and Tegretol XR. You have coverage for prescriptions for more than a 30-day supply through the mail service pharmacy or designated specialty pharmacy. Prescriptions may be refilled for up to one year.

Note: At certain SUNY Campus Student Health Centers, SUNY SEHP enrollees and/or their enrolled dependents are able to fill prescriptions for a $7 copayment for up to a 30-day supply. See your Health Benefits Administrator for more information. (This does not apply to CUNY SEHP enrollees.)

Flexible Formulary

The Student Employee Health Plan uses The Empire Plan Flexible Formulary for prescription drugs. The Empire Plan Flexible Formulary drug list is designed to provide enrollees and the Plan with the best value in prescription drug spending. This is accomplished by:

- excluding coverage for a small number of drugs;
- placing brand-name drugs that provide the best value to the Plan on the Flexible Formulary drug list; and
- applying the highest copayment to non-preferred brand-name drugs that provide no clinical advantage over generic or preferred brand-name drug alternatives..

Certain drugs have been added to the list of drugs excluded from coverage under the 2013 Flexible Formulary. A list of suggested alternatives to these excluded drugs, along with a complete list of all excluded drugs, is available online. Visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Click on Using Your Benefits and then 2013 Empire Plan Flexible Formulary.

New prescription drugs may be subject to exclusion when they first become available on the market. Check the web site for current information regarding exclusions of newly launched prescription drugs. Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under the Empire Plan Flexible Formulary.

Newly Excluded Drugs for 2013:

- Atelvia
- Altoprev
- Axiron
- Bromday
- Clindagel
- ConZip
- Duexis
- Exforge
- Exforge HCT
- Flo-Pred
- Fortesta
- Lorzone
- Oleptro ER
- Pramosone E
- ProCort
- Zolpimist
- Zolvit

An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.

Mail Service Pharmacy

You may fill your prescription by mail through the mail service pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Click on Find a Provider and scroll down to Medco Pharmacy Mail-Order Form.

Non-Network Pharmacy

If you do not use your benefit card at a network or non-network pharmacy and pay the full retail cost of your prescription, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o ESI/Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo. Also included with this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, **choose The Empire Plan Prescription Drug Program and ask to speak with an Accredo representative, 24 hours a day, seven days a week.**

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Abstral
- Actemra
- Actiq
- Adcirca
- Ampyra
- Aranesp
- Aubagio
- Avonex
- Betaseron
- Botox
- Cayston
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Kalydeco
- Kineret
- Korlym
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Simponi
- Sporanox
- Stelara
- Subsys
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeljanz
- Xeomin
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds $100 will also require prior authorization under this Program. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For the most current Flexible Formulary drug list, prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. **Representatives are available 24 hours a day, seven days a week.** Or, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you will automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage and choose Find a Provider. Scroll to the Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Dental Care

Under the Student Employee Health Plan, you have coverage through EmblemHealth for dental care. Visits to a participating dental program provider for covered services are subject to a $20 copayment and limited to two visits per 12-month period per covered individual.

Covered Services

- Initial examination, including charting
- Periodic examination
- Cleaning
- Bitewing X-rays, maximum four X-rays per year

Up to two fillings per 12-month period are covered subject to a $10 copayment per filling when you visit a SEHP dental program participating provider. Certain guidelines apply based on the type of material (e.g. amalgam, composite resin) used in the filling. In some cases, additional out-of-pocket costs may apply.

Participating Provider: To locate a SEHP dental program participating provider, you can link to the EmblemHealth web site by accessing https://www.cs.ny.gov. From the homepage, click on Other Benefits and then choose Dental, or call **1-800-947-0101** for a list identifying EmblemHealth Discounted Dental Access Program participating providers.

EmblemHealth's Discounted Dental Access Program

As part of the SEHP dental program, you will be automatically enrolled in EmblemHealth's Discounted Dental Access Program. If you utilize a provider who participates in the EmblemHealth Discounted Dental Access Program (and receive services other than the covered services above), you are required to pay the provider directly for all care received, and your liability is reduced to a prearranged discounted access rate. You are not subject to precertification or eligibility verification when you utilize the discounted program.

Participating Provider: To locate a participating provider in the EmblemHealth Discounted Dental Access Program, please call EmblemHealth's Dedicated Customer Service Center at **1-800-947-0101** for a list identifying EmblemHealth Discounted Dental Access Program participating providers.

Administration

For **Eligibility** questions, please contact the Health Benefits Administrator (HBA) on your campus.

For **Customer Service**, please contact EmblemHealth's Dedicated Customer Services Center at **1-800-947-0101** after you have enrolled.

Correspondence: Please direct your correspondence to:
EmblemHealth, Attn: NYS Dental Customer Service, P.O. Box 12365, Albany, NY 12212-2365
Please be sure to include your identification number on all correspondence.

ID Card: If you go to a provider who participates in the SEHP dental program and/or the EmblemHealth Discounted Dental Access Program, present your EmblemHealth identification card before you receive services.

Vision Care

Network Benefits

You are covered for a routine eye exam, subject to a $10 copayment once in any 24-month period (based on your last date of service).

A limited selection of frames and lenses or daily wear, disposable or planned replacement contact lenses offered by a participating provider at the time and place of an eye exam will be paid-in-full. This benefit is available only once in any 24-month period. There is no coverage for services received from a non-participating provider.

To Confirm Eligibility or Locate a Network Provider

Contact Davis Vision, the plan administrator, at **1-888-588-4823** or link to their web site by accessing https://www.cs.ny.gov. Choose Benefit Programs then NYSHIP Online, and choose your group, if prompted. From the homepage, click on Other Benefits and then choose Vision.

To Receive Services from a Network Provider

- Contact the network provider and schedule an appointment.
- Identify yourself as covered under the SEHP vision care program available through the NYS Vision Plan, which is administered by Davis Vision.
- Give the provider your name and date of birth, or member ID number.

The provider will confirm your eligibility and obtain an authorization to provide services. At the time of your appointment, you are responsible for a $10 copayment for vision services.

Exclusions

Services not covered under the SEHP include, but are not limited to, the following:

- Adult immunizations (except as part of a covered routine health exam)
- Allergy extracts and injections
- Cardiac rehabilitation
- Care that is not medically necessary
- Combined expenses in excess of $2,000,000 for network and non-network hospital, medical, mental health and substance abuse, and prescription drugs
- Cosmetic surgery
- Custodial care
- Drugs furnished solely for the purpose of improving appearance rather than physical function or control of organic disease
- Durable medical equipment and supplies unless provided in lieu of hospitalization and precertified under the Home Care Advocacy Program (HCAP)
- Experimental or investigative procedures
- Hearing aids
- Occupational therapy
- Orthotics
- Prosthetics (except breast prostheses, which are paid-in-full)
- Reversal of sterilization; assisted reproductive technology and other infertility services (except artificial/intra-uterine insemination and other services for which coverage is mandated by New York State Insurance Law); cloning
- Routine foot care
- Sex change
- Skilled nursing facility care including rehabilitation
- Speech therapy
- TMJ treatment (except when caused by a medical condition)
- Weight loss treatment (except for otherwise covered medical care and prescription drugs for treatment of morbid obesity)

Benefits On the Web

You'll find NYSHIP Online, the Employee Benefits Division homepage, on the New York State Department of Civil Service web site at https://www.cs.ny.gov. Select Benefit Programs, then follow the prompts to the NYSHIP Online homepage.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications. You'll also find links to select Empire Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

Federal Health Care Reform

Grandfathered Health Plan

Under the Patient Protection and Affordable Care Act, a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan may delay implementation of certain features of health care reform that apply to non-grandfathered health plans. For example, the requirement for the provision of preventive health services without any cost sharing does not need to be included under a health care plan until the plan is no longer grandfathered. However, grandfathered health plans must comply with certain other consumer protections in the Act such as, the elimination of lifetime limits on certain benefits. The Empire Plan benefit package provided to your group is a grandfathered plan.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the New York State Department of Civil Service, Employee Benefits Division, Albany, NY 12239. You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

Contact Information

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447). Listen carefully to your choices and make your selection at any time. Check the list below.

Hospital Program
Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

Medical/Surgical Program
UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time.

Mental Health and Substance Abuse Program
OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Representatives are available 24 hours a day, seven days a week.

Prescription Drug Program
The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Representatives are available 24 hours a day, seven days a week.

Empire Plan NurseLine$_{SM}$
Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine$_{SM}$ for health information and support.

Representatives are available 24 hours a day, seven days a week.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program.....TTY only 1-800-241-6894

Medical/Surgical Program.....TTY only 1-888-697-9054

Mental Health and Substance Abuse Program.....TTY only 1-800-855-2881

Prescription Drug Program.....TTY only 1-800-759-1089

The *NYSHIP Student Employee Health Plan (SEHP) Summary of Benefits* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits. If you have questions, call 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.

New York State
Department of Civil Service
Employee Benefits Division
Albany, NY 12239

518-457-5754 (Albany area) 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
https://www.cs.ny.gov

This document provides a brief look at SEHP medical, dental and vision care benefits. If you have any questions or need claim forms, call the appropriate benefits carrier.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
https://www.cs.ny.gov

Address Service Requested

Please do not send mail or correspondence to the return address above. See boxed address on page 19.

Save this document

NYSHIP
New York State Health Insurance Program

Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

SEHP Summary of Benefits – January 2013

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (https://www.cs.ny.gov). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Notice of Access to Women's Health Services

This notice is provided in accordance with the NYS Women's Health and Wellness Act. The Plan provides direct access to primary and preventive obstetric and gynecologic services for no fewer than two examinations annually. The Plan covers services required as a result of such examinations. The Plan covers services required as a result of an acute gynecologic condition. The Plan covers all care related to pregnancy. Benefits for these services are paid according to the terms of network or non-network coverage.

Benefits Management Program requirements apply. See page 3.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema and breast prostheses.

Benefits Management Program requirements apply. See page 3.